

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1				51		2
2		1		1			52		2
3		1		1			53		2
4		1		1			54		2
5		1		1			55	1	
6		1		1			56		1
7		1		1			57		1
8		1		1			58		1
9		1		1			59		1
10		1		1			60		1
11		1		1			61		1
12		1		1			62		1
13		1		1			63	1	1
14		1		1			64		1
15		1		1			65		2
16		1		1			66		2
17		1		1			67		1
18		1		1			68		2
19		1		1			69		
20		1		1			70		
21		1		1			71		
22		1		1			72		
23		1		1			73		
24		1		1			74		
25		1		1			75		
26		1		1			76		
27		1		1			77		
28		1		1			78		
29		1		1			79		
30		1		1			80		
31		1		1			81		
32		1		1			82		
33		1		1			83		
34		1		1			84		
35		1		1			85		
36		1		1			86		
37		1		1			87		
38		1		1			88		
39		1		1			89		
40		1		1			90		
41		1		1			91		
42		1		1			92		
43		1		1			93		
44		1		1			94		
45		1		1			95		
46	1			1			96		
47	1	1		1			97		
48	1	1		1			98		
49	1	1		1			99		
50		2		1			100		
TOTAL IND.	57						TOTAL IND.		4
TOTAL DEP.	126						TOTAL DEP.		42
TOTAL CLAIMS	183						TOTAL CLAIMS		44